

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38784

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789
(b) Township Central Primary Registration District No. 6033C
(c) City Overland (d) Street No. 8426, Lackland, Ave. St. Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Tuckett

(a) Residence, No. 8426, Lackland, Ave. St. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Tuckett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1865
7. AGE YEARS 72 MONTHS 0 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 10/5/37 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Fred. Vogt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mateldia Jergens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Charles F. Tuckett
8426, Lackland, Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla, Crem. DATE 10-9-37

19. FUNERAL DIRECTOR (ADDRESS) Baumann Bros., Inc.
2504 WOODSON, Rd. Overland, Mo.

20. FILED 10-9-37 Edw. Bachner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30 - 1937 to Oct. 7 - 1937

I last saw him alive on Oct. 7 - 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation Date of onset 10-7-37

Other contributory causes of importance:

Bronchial Asthma

Name of operation No - Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No - Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ray Allmeyer M. D.

(Address) 2438 Woodson Rd. Overland, Mo.

STATEMENT BY LICENSED EMBALMER

I, Oscar I. Mueller, Licensed Embalmer No. 3039
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. 3039 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Oscar I. Mueller
Licensed Embalmer No. 3039

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)